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March 5, 2014

VIA FEDERAL EXPRESS

Kevin McDonald, Chief
Certificate of Need Division
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Blue Heron Nursing and Rehabilitation Center Application
Docket No. 13-18-2348

Dear Mr. McDonald:

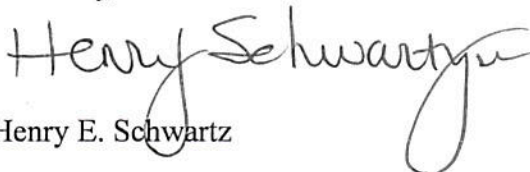
Enclosed please find written comments in opposition to the above-referenced Certificate of Need application. These comments are filed on behalf of St. Mary's Nursing Center, a St. Mary's County Comprehensive Care Facility requesting interested party status in this review. Per COMAR 10.24.01.01B(20)(e), St. Mary's Nursing Center would be adversely affected by the approval of the proposed project.

The enclosed comments indicate those State Health Plan standards and/or review criteria that have not been met by the applicant, and also contains the reasons why such standards are not met.

We wish to be advised in writing of further notices of the proceedings on the application.

Thank you for your attention to our filing. Please let me know if the Commission is in need of additional information from us.

Sincerely,


Henry E. Schwartz

Enclosure

cc: Howard L. Sollins, Esquire
Suellen Wideman, Esq., Assistant Attorney General
Meenakshi Brewster, M.D., St. Mary's Health Officer
Ms. Annette Hodges



March 4, 2014

Ms. Annette Hodges
Administrator
St. Mary's Nursing Center, Inc.
21585 Peabody Street
Leonardtown, MD 20650

RE: Blue Heron Nursing and Rehabilitation Center Certificate of Need Application Analysis

Dear Annette:

Reinsel Kuntz Leshner LLP (RKL) analyzed the documents and subsequent responses to completeness questions for the Certificate of Need (CON) Application for Establishment of New Comprehensive Care Facility (CCF) in St. Mary's County, MD. The co-applicants are St. Mary's Long Term Care, LLC and St. Mary's Healthcare Realty, LLC. The name of the facility is Blue Heron Nursing and Rehabilitation Center (Blue Heron). Blue Heron is a proposed 140-bed CCF to be located in Callaway, MD, which is in St. Mary's County, MD.

We understand that St. Mary's Nursing Center, Inc. (SMNC) opposes the project and will be requesting Interested Party Status with the Maryland Health Care Commission (Commission) in accordance with COMAR 10.24.01.08, Procedure for Review of Applications. Specifically, COMAR 10.24.01.08F(1) states the requirements for a person seeking Interested Party Status.

SMNC owns and operates a 160-bed CCF located in Leonardtown, MD, which is in St. Mary's County, MD adjacent to MedStar St. Mary's Hospital. SMNC engaged RKL to analyze the CON application and subsequent responses to completeness questions and to cite the State Health Plan standards or review criteria of the regulation that SMNC believes have not been met by the applicant, as well as the reasons why the applicant does not meet those standards or criteria.

Executive Summary

Based on our analysis, Blue Heron's CON application does not meet the State Health Plan standards or the review criteria for the following sections:

- COMAR 10.24.08.05B(3) – Jurisdictional Occupancy
- COMAR 10.24.01.08G(3)(b) – Need
- COMAR 10.24.01.08G(3)(f) – Impact on Existing Providers
- COMAR 10.24.01.08G(3)(c) – Availability of More Cost Effective Alternatives

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As a result, we recommend that SMNC seek Interested Party Status with the Commission and request that the Commission deny the CON application by Blue Heron. The details for each section are presented in the remainder of the report.

COMAR 10.24.08.05B(3) – Jurisdictional Occupancy

This standard has two parts:

- (a) The Commission may approve a CON application for a new nursing home only if the average jurisdictional occupancy for all nursing homes in that jurisdiction equals or exceeds a 90 percent occupancy level for at least the most recent 12 month period, as shown in the Medicaid Cost Reports for the latest fiscal year, or the latest Maryland Long Term Care Survey, if no Medicaid Cost Report is filed. Each December, the Commission will issue a report on nursing home occupancy.
- (b) An applicant may show evidence why this rule should not apply.

Blue Heron cited that, according to the Commission's most recent Public Use Database FY 2011, the two facilities in St. Mary's County have the following occupancy:

	Lic Beds (BDO2011)	Lic Beds (EDO2011)	Total Patient Days_Comp	Calculation for Comp Care Patient Days	% Occupancy
St. Mary's Nursing Center, Inc.	180	180	53,655	65,700	81.7%
Chesapeake Shores	120	123	40,059	44,802	89.4%
Total	300	303	93,714	110,502	84.8%

Source: Blue Heron CON Application.

It should be noted that Blue Heron did not include Charlotte Hall Veterans Home because of the specialty nature of the facility, which we concur.

It also should be noted that the Maryland Health Care Commission's (MHCC) Nursing Home Licensed Beds Occupancy by Region and Jurisdiction: Maryland, Fiscal Year 2011 noted that the Percent Occupancy Rate for St. Mary's County was 84.99% (see Exhibit 1).

The chart above indicates that the first standard is not met. In addition, we present the following updated information through FY2013:

CCF	FY2012 % Occupancy	FY 2013 % Occupancy
St. Mary's Nursing Center, Inc.	79.5%	78.6%
Chesapeake Shores	83.6%	84.8%
Total	81.2%	81.1%

Source: SMNC and Chesapeake Shores Medicaid Cost Reports.

In its application, Blue Heron opted for Part (b) of the standard and cited that the standard should not apply for the following reasons:

1. The Commission recently found a need for an additional 192 beds.
2. The difference between the St. Mary's County occupancy and 90% is less than 16 beds.
3. The fact that 16 beds were not filled should not deprive the residents of St. Mary's County of a state of the art, new nursing home that will meet the Commission's projected need for 192 beds.
4. Both existing facilities are older facilities.
5. Approval of this application will enhance availability of choice for St. Mary's County residents in this fast-growing county.

Although the Commission indicated a need for an additional 192 beds, we don't believe arguments 2 through 5 have merit for exemption from the Jurisdictional Occupancy rule as we will discuss below. We therefore believe that the 192 bed need itself is insufficient for Blue Heron to be exempted from the Jurisdictional Occupancy rule. We offer the following for the Commission's consideration:

SMNC's historical low census prompted the SMNC Board and Management to delicense beds over the past seven years in order to generate more efficiency in its operations. The following chart shows SMNC's bed history since its FY 2007:

Effective Date	Description	Bed Adjustment	Total Beds
7/1/2007	Beginning Beds		212
9/1/2007	Delicense Beds (permanent)	-12	200
1/15/2010	Delicense Beds (permanent)	-20	180
7/1/2013	Delicense Beds (temporary)	-20	160
	Total – Ending Beds	<u>-52</u>	<u>160</u>

Source: SMNC.

Since 2007, SMNC has permanently delicensed 32 beds and plans to delicense the 20 beds in its latest request. SMNC's current capacity effective July 1, 2013 is only 160 beds. As a result, any calculation of occupancy percentage would need to take into account the fact that SMNC delicensed 52 beds.

In addition, Blue Heron's third and fourth reasons above are without merit. Blue Heron describes a state of the art, new nursing home; however, the construction documents submitted with the application describe a different facility. We noted that Blue Heron's construction appears to be a lower-cost construction project due to its wood framing and heating/cooling units in the resident rooms. In addition, although SMNC is not a newly constructed facility, Blue Heron may be unaware of SMNC's ongoing renovation projects as part of its repositioning as it embarks on a new strategic planning process. These renovation projects include the following:

Year	Description	Amount
2011	Interior and exterior lighting; new gazebos	\$86,000
2012	New HVAC system, new roof, kitchen improvements, new nurse call system, new resident quiet room, resident dining room renovations	\$2,124,000
2013	Renovate second floor of resident rooms	\$80,000
2014 (planned)	Add second rehabilitation therapy gym, renovate first floor of resident rooms, add dental/vision suite, lobby renovations	Not yet quantified

Source: SMNC.

One aspect of SMNC's repositioning is converting double-occupancy rooms to single-occupancy rooms. Currently, SMNC has 71 double-occupancy rooms and 18 single-occupancy rooms. After the renovations in 2014, SMNC will have 57 double-occupancy rooms and 46 single-occupancy rooms. This mix of room accommodation is very similar to Blue Heron which indicated that it will have 51 double-occupancy rooms and 38 single-occupancy rooms. As a result, potential residents will have sufficient choice of room accommodation within St. Mary's County.

We also noted that SMNC did not receive a request from Blue Heron or any of its parent organizations to tour its facility.

COMAR 10.24.01.08G(3)(b) - Need

This standard states the following:

The Commission shall consider the applicable need analysis in the State Health Plan. If no State Health Plan need analysis is applicable, the Commission shall consider whether the applicant has demonstrated unmet needs of the population to be served, and established that the proposed project meets those needs.

We acknowledge that the MHCC published a notice of Gross and Net Bed Need Projection for Nursing Home Bed Need Projections by Jurisdiction, Maryland, 2016 which indicated a 2016 Net Bed Need of 192 beds. However, this information does not appear to be consistent with other available data. We present the following additional factors that should be considered:

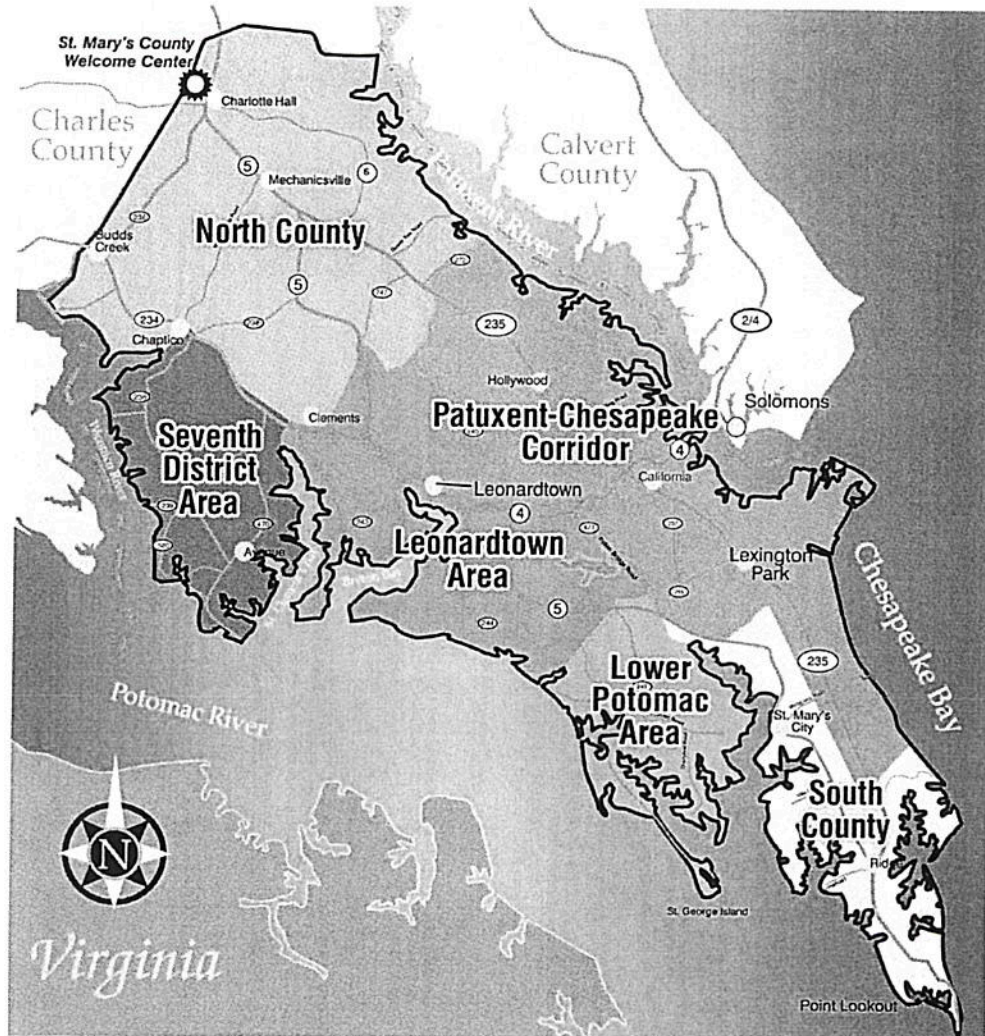
- SMNC has decertified 52 beds since 2007, which appears to follow the historical trend in Maryland.
- The American Health Care Association (AHCA) prepares LTC Stats: Nursing Facility Patient Characteristics Report based on data from the Centers for Medicare and Medicaid Services Certification and Survey Provider Enhanced Reporting (CMS-CASPER) formerly OSCAR data. We obtained the AHCA reports for December 2013, December 2008, and December 2003 to demonstrate the trending in Maryland for the last 10 years as follows (see Exhibit 2):

Report Date	Number of Facilities	Total Patients	Average Facility Patients	Median Facility Patients
December 2013	230	24,320	105.7	104.0
December 2008	230	25,243	109.8	107.5
December 2003	244	25,314	103.75	100

Source: CMS-CASPER Data, December 2013, 2008, 2003.

The data above indicates not only a decrease in facilities in Maryland from 2003 to 2013, but also a decrease in total patients.

- St. Mary's County has a unique and diverse population area that can segmented into sub-markets that represent the major regions within the County. The map below was obtained from www.visitstmarysmd.com/interactive-map:



- Nearly 88% of admissions to SMNC have originated from within St. Mary's County clearly demonstrating that the community serves the county and not the larger tri-county area.
- Nearly 60% of admissions from within the county over the past two-and-a-half years have come from two contiguous sub-markets within the center of the county, the Leonardtown Area (in which SMNC is located) and the Patuxent-Chesapeake Corridor. We believe that these two areas comprise a core primary market area for SMNC.

- We conducted a segmentation analysis of the county by creating a sub-market area that approximates the collective of the two county areas noted above. We term this area the Mid-County Sub-Market. For the purposes of this analysis, our geographic definition of the Mid-County Sub-Market does not line up perfectly with the actual geography of the Leonardtown Area and Patuxent-Chesapeake Corridor; it is, however, a close approximation of this area, with the exception that the southernmost portion of the Patuxent-Chesapeake Corridor area which runs into the South County sub-market is not included in our definition of the Mid-County Sub-Market. As this "panhandle" is fairly distant from SMNC and relatively sparsely populated, we believe it reasonable and appropriate to exclude it from our definition of the sub-market.
- The admissions data shows that SMNC is highly dependent on admissions from this Mid-County Sub-Market, with nearly 60% of its admissions from this defined area. Additionally, data for the past seven months (July 2013 through January 2014) shows that this trend could be increasing, with over 62% of admissions from St. Mary's County over this period from within the defined Mid-County Sub-Market (compared to less than 58% in the fiscal years beginning July 2012 and 2011).

SMNC Geographic Origin of Admissions By St. Mary's County Sub-Market				
Sub-Market	July 2013 thru Jan-14		Total Jul-11 thru Jan-14	
	#	%	#	%
North County	42	22.7%	195	25.9%
Seventh District Area	12	6.5%	58	7.7%
Leonardtown Area	48	25.9%	194	25.8%
Patuxent-Chesapeake	67	36.2%	246	32.7%
Lower Potomac	4	2.2%	27	3.6%
South County	12	6.5%	33	4.4%
TOTAL	185	100.0%	753	100.0%
Mid-County Sub-Market	115	62.2%	440	58.4%

- There are two existing nursing facilities located within the Mid-County Sub-Market: SMNC and Chesapeake Shores. Combined, these two facilities provide a total of 285 licensed and operating nursing beds (160 at SMNC and 125 at Chesapeake Shores).

- Based on our analysis and interpolations of the demographic data, the Mid-County Sub-Market has a total estimated population of just under 64,000 in the current year (2014). Approximately 6,300 persons, or 9.9% of the total population, are estimated to be age 65 or older.

Older Adult Population by Age and Year St. Mary's Mid-County Sub-Market						
Population	2014		2019		% Annual Change	
	#	% of Total	#	% of Total	(2000-2014)	(2014-2019)
Total	63,951	100.0%	68,498	100.0%	2.7%	1.4%
55 to 59	3,985	6.2%	4,827	7.0%	7.4%	4.2%
60 to 64	3,234	5.1%	4,033	5.9%	18.0%	4.9%
65 to 69	2,176	3.4%	2,930	4.3%	5.7%	6.9%
70 to 74	1,605	2.5%	2,180	3.2%	5.8%	7.2%
75 to 79	1,092	1.7%	1,396	2.0%	3.1%	5.6%
80 to 84	742	1.2%	851	1.2%	1.9%	2.9%
85+	701	1.1%	771	1.1%	4.3%	2.0%
65+	6,316	9.9%	8,128	11.9%	4.5%	5.7%
70+	4,140	6.5%	5,198	7.6%	3.9%	5.1%
75+	2,535	4.0%	3,018	4.4%	3.0%	3.8%

Source: Nielson Claritas Data.

- The standard methodology we employ in determining general demand for long-term/intermediate care nursing beds is a simple and direct method that emulates the methodology employed by many state health planning agencies in determining CON eligibility and demand within a given planning area. As this methodology emulates standard CON determination, income of prospects is not a determining factor. Thus, the target market of this analysis is all prospective nursing home residents, including private pay and Medicaid, as well as Medicare beneficiaries. Age and need are considered the only relevant determinants of target market and demand.
 - The methodology quantifies the number of age- and need-qualified persons within the market area. Typically, nursing home demand focuses on the 65+ population in a market. Our formula does the same, breaking down population into five-year age cohorts (65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85+) by gender. Applied to the raw population data is the incidence of nursing home need and utilization by age as determined by the National Institutes of Health (NIH). This calculation yields the target market for services. From this figure we subtract the total number of nursing beds in the market to derive a surplus (more estimated need than existing beds) – which indicates additional need/demand for nursing beds in the market – or a deficit, which indicates the market is already over-bedded.

- Our demand projection for nursing care beds displays that there is a total nursing care bed need of 226 beds within the Mid-County Sub-Market. As previously noted, there are already 285 beds of nursing supply between SMNC and Chesapeake Shores. This equates to an oversupply of nearly 60 beds within this sub-market. In other words, demand within the sub-county is not adequate to fill the beds that already exist within the sub-market.

2014 Nursing Bed Need St. Mary's Mid-County Sub-Market				
Population by Age and Gender				
	Age	Population	Incidence	Need
Females				
	65-69	1,131	1.23%	14
	70-74	830	1.23%	10
	75-79	624	5.92%	37
	80-84	446	5.92%	26
	85+	466	22.15%	103
Total		3,497	4.76%	167
Males				
	65-69	1,045	0.96%	10
	70-74	775	0.96%	7
	75-79	467	3.82%	18
	80-84	297	3.82%	11
	85+	234	12.93%	30
Total		2,818	2.11%	59
Total Nursing Bed Need				226
Competitive Supply				
	Existing Beds			125
	Planned Beds			0
	Subject Existing Beds			160
Total Nursing Bed Supply				285
Net Bed Demand (Bed Deficit)				(59)

- The proposed Blue Heron facility would be located on the southern border of the Mid-County Sub-Market. The area to the south of this sub-market on the whole is not densely developed and relatively sparsely populated. Thus, it is reasonable to assume that the vast majority of beds at Blue Heron would need to be filled by demand from within this sub-market.

- If we include for most or all of the beds at Blue Heron within demand for the Mid-County Sub-Market – even projecting several years into the future to take into account projected population growth – the demand analysis shows that the sub-market would become substantially over-bedded.
 - If all 140 planned beds at Blue Heron are included in our demand analysis in a year 2016 demand projection, there is an oversupply of 186 nursing beds in the Mid-County Sub-Market. Even if only half of Blue Heron's 140 beds are considered directly competitive and included in the 2016 demand analysis, there would be an oversupply of 129 beds.

2016 Nursing Bed Need St. Mary's Mid-County Sub-Market				
Population by Age and Gender				
	Age	Population	Incidence	Need
Females				
	65-69	1,305	1.23%	16
	70-74	942	1.23%	12
	75-79	680	5.92%	40
	80-84	462	5.92%	27
	85+	487	22.15%	108
Total		3,875	4.53%	175
Males				
	65-69	1,173	0.96%	11
	70-74	893	0.96%	9
	75-79	533	3.82%	20
	80-84	324	3.82%	12
	85+	242	12.93%	31
Total		3,165	2.02%	64
Total Nursing Bed Need				239
Competitive Supply				
	Existing Beds			125
	Planned Beds			140
	Subject Existing Beds			160
Total Nursing Bed Supply				425
Net Bed Demand (Bed Deficit)				(186)

- The demand analysis for the Mid-County Sub-Market clearly demonstrates that the sub-market does not have adequate depth and demand to support the addition of the beds from Blue Heron. In fact, the data and analysis demonstrates that demand at present may not be adequate to support the beds that exist at SMNC and Chesapeake Shores.
- Our conclusion based on this data and analysis is that the addition of the Blue Heron facility stands to have a significant adverse direct impact on SMNC as well as Chesapeake Shores. Given the lack of demand within the sub-market to support these new beds, it appears that success for Blue Heron will be predicated on encroaching on the market share of the existing facilities and in effect taking potential residents out of beds of these communities. In other words, the presence of this facility will be detrimental to SMNC and Chesapeake Shores and any success it is to have likely will come at the expense of these facilities. It seems very likely that occupancy will be significantly adversely impacted at SMNC and Chesapeake Shores once Blue Heron is opened. In fact, the data and analysis suggests that the viability of these facilities in the future seems in question with the addition of Blue Heron into the market.

COMAR 10.24.01.08G(3)(f) – Impact on Existing Providers

This standard states the following:

An applicant shall provide information and analysis with respect to the impact of the proposed project on existing health care providers in the service area, including the impact on geographic and demographic access to services, on occupancy when there is a risk that this will increase costs to the health care delivery system, and on costs and charges of other providers.

Blue Heron responded to this criterion by stating that if the project were not approved, residents who require the additional 192 beds projected by the Commission would need to leave the St. Mary's County in order to seek nursing home care. In addition, Blue Heron stated that the project will not have any impact on the costs or charges at other facilities. Blue Heron further cited its services that it will offer as the market demands.

Based on the reasons cited by Blue Heron, it does not appear that they present adequate evidence that the project would not have an adverse effect on existing providers. With Blue Heron proposed to be built only 8 miles, or 11 minutes, from SMNC, we offer the following for the Commission's consideration:

- SMNC currently offers all of the services and programs proposed by Blue Heron with the exception of cardiac rehabilitation / pulmonary rehabilitation.

- SMNC already serves a significant population of Medicare Part A residents as evidenced by the following benchmarks:
 - Medicare Part A occupancy for FY 2013 was 19.2% which exceeded the statewide average (according to CMS-CASPER Data, December 2013) of 18.5%. In addition, Blue Heron estimates a Medicare Part A occupancy of 21.5% after stabilized occupancy.
 - Medicare Part A Average Length of Stay (ALOS) was 29 days as reported on the FY 2013 Medicare Cost Report (CMS Form 2540-10) which is consistent with the industry average of 30 days.
 - The Medicare Part A Resource Utilization Group (RUG) percentages exceed the national averages as reported by CMS in the Rehab Ultra High and Rehab Very High categories.
 - Medicare Part B utilization of non-Medicare Part A residents is approximately 27% which exceeds the industry average of 10%-15%.
- SMNC is a 4-Star facility in the CMS 5-Star rating system.
- SMNC's latest annual survey dated August 9, 2013 included only 3 deficiencies with scope severity scores of D, E.

SMNC also believes that the proposed project will have an adverse impact on its financial condition and its ability to recruit and retain personnel. In addition, the project may have a negative impact on the local health care system in terms of the costs of unnecessary duplication of resources for service delivery.

COMAR 10.24.01.08G(3)(c) – Availability of More Cost Effective Alternatives

This standard states the following:

The Commission shall compare the cost-effectiveness of providing the proposed service through the proposed project with the cost-effectiveness of providing the service at alternative existing facilities, or alternative facilities which have submitted a competitive application as part of a comparative review.

Ms. Annette Hodges
St. Mary's Nursing Center, Inc.
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In its application, Blue Heron continues to cite the Commission's need for 192 beds and that the existing providers did not submit an application for a CON for the additional beds. SMNC did not submit an application for a CON for the additional 192 beds because it does not believe that there is a need for additional beds. In addition to decertifying beds, SMNC's Board and Management, as part of its strategic planning process, are determining what additional service areas it should consider other than institutional care. Their strategic planning process is considering the yet unknown impact of the Affordable Care Act (ACA) and how the ACA will shape not only how long-term post acute care (LTPAC) is provided to persons services, but also how those services will be reimbursed. CMS' current demonstration projects for bundled payment and pay for performance focus on providing care and services in the lowest cost and most efficient setting. With this in mind, SMNC does not agree that additional institutional nursing beds are needed in St. Mary's County.

We appreciate the opportunity to be of service to you. If you have any questions, please do not hesitate to contact me at (717) 291-0687.

Sincerely,

REINSEL KUNTZ LESHER LLP

A handwritten signature in black ink, appearing to read "Jeff E. Boland", written in a cursive style.

Jeffrey E. Boland, CPA
Partner, Senior Living Services Consulting Group

Exhibit 1
MHCC Nursing Home Licensed Beds Occupancy by Region
and Jurisdiction: Maryland, Fiscal Year 2011

Nursing Home Licensed Beds Occupancy by Region and Jurisdiction: Maryland, Fiscal Year 2011	
Region/Jurisdiction	Percent Occupancy Rate*
Western Maryland	91.08
Allegany County	91.58
Carroll County	90.67
Frederick County	89.05
Garrett County	95.84
Washington County	91.71
Montgomery County	85.81
Southern Maryland⁽¹⁾	90.08
Calvert County	86.57
Charles County	92.25
Prince Georges County	90.67
St Mary's County ⁽¹⁾	84.99
Central Maryland	89.43
Anne Arundel County	86.92
Baltimore City	87.48
Baltimore County	91.33
Harford County	93.27
Howard County	87.63
Eastern Shore	86.38
Caroline County	90.40
Cecil County	86.73
Dorchester County	85.47
Kent County	84.56
Queen Anne's County	84.75
Somerset County	91.24
Talbot County	86.95
Wicomico County	87.39
Worcester County	81.98
MD Total ⁽¹⁾	88.88

*Licensed Beds Occupancy Rate is based on a ratio of total patient days to total available licensed nursing home days, which excludes temporarily delicensed beds.

Source: Maryland Health Care Commission, 2011 Long Term Care Survey, 2011 Nursing Home Bed Inventory Records; Maryland Medical Assistance Program, unaudited 2011 cost reports

⁽¹⁾Excludes Charlotte Hall Veterans Home

Required Maryland Medical Assistance Participation Rates for Nursing Homes by Region and Jurisdiction: Fiscal Year 2011	
Region/Jurisdiction	Required Medicaid Participation Rate*
Western Maryland	44.81
Allegany County	52.32
Carroll County	40.14
Frederick County	38.95
Garrett County	61.18
Washington County	43.47
Montgomery County	41.50
Southern Maryland⁽¹⁾	44.72
Calvert County	42.58
Charles County	51.67
Prince Georges County	43.25
St Mary's County ⁽¹⁾	51.20
Central Maryland	47.74
Anne Arundel County	40.76
Baltimore City	59.06
Baltimore County	42.64
Harford County	47.22
Howard County	42.45
Eastern Shore	49.43
Caroline County	58.51
Cecil County	44.06
Dorchester County	54.06
Kent County	39.58
Queen Anne's County	49.43
Somerset County	61.48
Talbot County	38.53
Wicomico County	54.47
Worcester County	49.33
MD Total ⁽¹⁾	45.98

* Participation Rates are based on weighted mean Medicaid participation (calculated as total county Medicaid days divided by total county patient days) minus 15.5%.

Source: Maryland Health Care Commission, 2011 Long Term Care Survey, 2011 Nursing Home Bed Inventory Records; Maryland Medical Assistance Program, unaudited 2011 cost reports

⁽¹⁾Excludes Charlotte Hall Veterans Home

Exhibit 2

**AHCA - Nursing Facility Patient Characteristics Report based
on data from the Centers for Medicare and Medicaid Services
Certification and Survey Provider Enhanced Reporting:
December 2013, December 2008, and December 2003**

LTC Stats:

Nursing Facility

Patient Characteristics Report

December 2013 Update

Prepared By

Research Department
American Health Care Association



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LTC Stats: Nursing Facility Patient Characteristics Report

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Source: Center for Medicare & Medicaid Services Certification and Survey Provider Enhanced Reporting (CMS-CASPER) formerly OSCAR data as of December 2013

Table 1: Nursing Facility Patient Overview, December 2013

State	Facilities	Total Patients	Avg Facility Patients	Median Facility Patients	State Avg ADL Dependence
US	15,666	1,372,284	87.6	80.0	4.17
AK	17	498	29.3	18.0	3.97
AL	228	22,779	99.9	96.0	4.15
AR	230	17,777	77.3	76.0	3.98
AZ	146	11,376	77.9	74.0	4.15
CA	1,226	102,323	83.5	80.0	4.30
CO	211	15,957	75.6	73.0	4.08
CT	231	24,636	106.6	105.0	3.93
DC	19	2,569	135.2	117.0	4.13
DE	46	4,214	91.6	95.0	3.99
FL	687	72,664	105.8	108.0	4.25
GA	358	33,924	94.8	90.0	4.28
HI	47	3,714	79.0	80.0	4.59
IA	444	24,952	56.2	50.5	3.82
ID	77	3,915	50.8	48.0	4.24
IL	769	72,877	94.8	82.0	3.79
IN	516	38,776	75.1	68.0	4.35
KS	345	18,389	53.3	47.0	3.76
KY	283	22,818	80.6	80.0	4.24
LA	280	25,599	91.4	91.5	4.27
MA	421	41,619	98.9	102.0	4.09
MD	230	24,320	105.7	104.0	4.24
ME	107	6,342	59.3	54.0	4.37
MI	432	39,230	90.8	86.0	4.20
MN	380	27,194	71.6	59.0	3.92
MO	513	37,824	73.7	66.0	3.74
MS	205	16,156	78.8	74.0	4.29
MT	83	4,689	56.5	51.0	4.08
NC	420	36,895	87.8	89.0	4.40
ND	81	5,700	70.4	52.0	3.94
NE	217	12,083	55.7	46.0	4.07
NH	76	6,816	89.7	83.5	3.97
NJ	365	45,413	124.4	113.0	4.10
NM	71	5,531	77.9	81.0	4.32
NV	51	4,746	93.1	89.0	4.20
NY	633	106,172	167.7	145.0	4.31
OH	957	77,166	80.6	79.0	4.25
OK	311	19,396	62.4	58.0	3.75
OR	138	7,360	53.3	49.0	4.18
PA	703	79,581	113.2	104.0	4.24
RI	84	7,986	95.1	90.0	3.91
SC	189	16,749	88.6	85.0	4.48
SD	111	6,335	57.1	49.0	3.92
TN	322	30,046	93.3	92.0	4.40
TX	1,204	93,650	77.8	77.5	4.21
UT	98	5,374	54.8	53.5	4.49
VA	286	28,284	98.9	101.0	4.34
VT	38	2,726	71.7	64.5	4.13
WA	225	17,212	76.5	74.0	4.23
WI	390	28,031	71.9	62.0	4.01
WV	126	9,524	75.6	68.0	4.18
WY	39	2,377	60.9	56.0	3.85

Source: CMS Form 672: F78 - F93

LTC Stats: Nursing Facility Patient Characteristics Report - Research Department - American Health Care Association

OSCAR Data Report:

Nursing Facility

Patient Characteristics Report

December 2008 Update

Prepared By

Research Department
American Health Care Association



American Health Care Association

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**Nursing Facility Total, Average and Median Number of Patients per Facility
and ADL Dependence
CMS OSCAR Data Current Surveys, December 2008**

State	Facilities	Total Patients	Avg Facility Patients	Median Facility Patients	State Avg ADL Dependence
US	15,728	1,412,414	89.8	82.0	4.02
AK	15	616	41.1	18.0	4.27
AL	232	23,205	100.0	93.0	4.06
AR	232	17,753	76.5	75.0	3.82
AZ	133	12,201	91.7	90.0	3.96
CA	1,255	103,487	82.5	79.0	4.18
CO	212	16,464	77.7	76.0	3.94
CT	241	26,819	111.3	109.0	3.75
DC	18	2,437	135.4	138.0	4.01
DE	45	3,999	88.9	93.0	3.89
FL	676	71,833	106.3	108.5	4.17
GA	358	35,254	98.5	95.0	4.09
HI	48	3,840	80.0	74.5	4.51
IA	451	26,292	58.3	52.0	3.80
ID	78	4,522	58.0	54.5	4.13
IL	791	76,282	96.4	83.0	3.55
IN	510	39,536	77.5	71.0	4.11
KS	346	19,301	55.8	48.0	3.75
KY	287	23,233	81.0	80.0	4.20
LA	285	25,875	90.8	93.0	3.88
MA	433	43,684	100.9	107.0	4.07
MD	230	25,243	109.8	107.5	4.18
ME	112	6,591	58.8	53.0	4.25
MI	425	40,224	94.6	92.0	4.14
MN	390	31,056	79.6	65.0	3.84
MO	516	37,510	72.7	67.0	3.74
MS	203	16,246	80.0	75.0	3.92
MT	91	5,137	56.5	50.0	3.95
NC	422	38,025	90.1	91.0	4.19
ND	83	5,847	70.4	54.0	3.76
NE	224	12,899	57.6	49.0	4.01
NH	80	6,953	86.9	75.5	3.80
NJ	361	45,946	127.3	117.0	3.90
NM	70	5,695	81.4	81.0	4.29
NV	48	4,724	98.4	94.0	4.05
NY	651	110,836	170.3	148.0	4.11
OH	955	81,395	85.2	83.0	4.20
OK	323	19,518	60.4	54.0	3.61
OR	138	8,113	58.8	54.5	4.14
PA	711	79,710	112.1	104.0	4.12
RI	86	7,955	92.5	87.5	3.75
SC	175	17,004	97.2	92.0	4.39
SD	110	6,528	59.3	50.5	3.77
TN	319	32,288	101.2	98.0	4.26
TX	1,145	90,385	78.9	76.0	3.83
UT	93	5,456	58.7	55.0	4.29



**Nursing Facility Total, Average and Median Number of Patients per Facility
and ADL Dependence
CMS OSCAR Data Current Surveys, December 2008**

State	Facilities	Total Patients	Avg Facility Patients	Median Facility Patients	State Avg ADL Dependence
VA	281	28,279	100.6	104.0	4.22
VT	40	2,992	74.8	62.0	3.98
WA	238	18,760	78.8	79.5	4.21
WI	393	32,325	82.3	72.0	3.89
WV	130	9,710	74.7	65.5	4.10
WY	39	2,431	62.3	51.0	3.90

OSCAR Data Report:

Nursing Facility

Patient Characteristics Report

December 2003 Update

Prepared By

Research Department
American Health Care Association



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**Nursing Facility Total, Average and Median Number of Patients per Facility
and ADL Dependence**
CMS OSCAR Data Current Surveys, December 2003

State	Facilities	Total Patients	Avg Facility Patients	Median Facility Patients	State Avg ADL Dependence
US	16,291	1,450,319	89.03	81	3.90
AK	14	619	44.21	22	4.27
AL	228	23,562	103.34	96	3.93
AR	242	17,988	74.33	72	3.72
AZ	135	13,266	98.27	99	3.83
CA	1,337	107,503	80.41	78	4.06
CO	215	16,340	76.00	75	3.73
CT	252	28,601	113.50	112	3.65
DC	21	2,860	136.19	104	4.00
DE	42	3,962	94.33	95	3.89
FL	691	71,974	104.16	109	4.03
GA	359	36,321	101.17	96	3.92
HI	43	3,501	81.42	81	4.40
IA	454	27,810	61.26	55	3.78
ID	80	4,755	59.44	59	4.00
IL	824	79,564	96.56	84	3.32
IN	523	40,570	77.57	72	3.86
KS	374	21,085	56.38	50	3.65
KY	296	22,957	77.56	77	4.17
LA	311	28,927	93.01	92	3.68
MA	473	46,722	98.78	101	3.94
MD	244	25,314	103.75	100	4.08
ME	120	7,017	58.48	56	4.25
MI	431	41,544	96.39	92	3.96
MN	424	36,177	85.32	72	3.77
MO	534	37,346	69.94	65	3.66
MS	204	16,057	78.71	75	3.77
MT	101	5,739	56.82	49	3.68
NC	422	37,910	89.83	90	4.08
ND	83	6,101	73.51	57	3.78
NE	228	13,598	59.64	50	3.90
NH	80	7,121	89.01	80	3.61
NJ	356	44,384	124.67	117	3.80
NM	81	6,278	77.51	75	3.71
NV	44	4,308	97.91	89	3.90
NY	671	113,554	169.23	146	4.03
OH	991	80,032	80.76	79	4.15
OK	370	21,675	58.58	55	3.59
OR	141	8,622	61.15	58	4.09
PA	740	81,518	110.16	103	4.04
RI	89	8,064	90.61	87	3.60
SC	178	16,220	91.12	87	4.33
SD	113	6,803	60.20	53	3.70
TN	337	33,498	99.40	97	4.18
TX	1,143	87,446	76.51	72	3.72
UT	90	5,297	58.86	56	3.93



**Nursing Facility Total, Average and Median Number of Patients per Facility
and ADL Dependence
CMS OSCAR Data Current Surveys, December 2003**

State	Facilities	Total Patients	Avg Facility Patients	Median Facility Patients	State Avg ADL Dependence
VA	277	27,604	99.65	94	4.29
VT	42	3,286	78.24	68	4.02
WA	260	19,983	76.86	78	4.12
WI	408	36,507	89.48	80	3.74
WV	136	9,954	73.19	66	4.08
WY	39	2,475	63.46	54	3.66

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